U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

| spond to a collection of information diffe | ess it displays a valid Owlb Control Humber, |
|--|--|
| Application Number                         | 10/811676                                    |
| Filing Date                                | 3/29/2004                                    |
| First Named Inventor                       | Markus P J Fromherz                          |
| Art Unit                                   | 2141   |
| Examiner Name                              | N/A  |
| Attorney Docket Number                     | A3604-US-NP                                  |

| I hereby revoke all previous powers of attorney given in the above-identified application.  |             |  |  |          |          |       |         |     |  |  |
|---|-------------|--|--|----------|----------|-------|---------|-----|--|--|
| A Power of Attorney is submitted herewith.  |             |  |  |          |          |       |         |     |  |  |
| OR  ✓ I hereby appoint the practitioners associated with the Customer Number:   |             |  |  |          |          | mber: | 61962   |     |  |  |
| Please change the correspondence address for the above-identified application to:  The address associated with Customer Number:  61962  |             |  |  |          |          |       |         |     |  |  |
| OR Firm or  |             |  |  |          |          |       |         |     |  |  |
| Address   | ual Name    |  |  |          |          |       |         |     |  |  |
|   |             |  |  |          |          |       |         |     |  |  |
| City  |             |  |  | State    |          |       | M-11/4  | Zip |  |  |
| Country   |             |  |  |          |          |       |         |     |  |  |
| Telephone   |             |  |  |          | Email    |       |         |     |  |  |
| I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)   |             |  |  |          |          |       |         |     |  |  |
| SIGNATURE of Applicant or Assignee of Record  |             |  |  |          |          |       |         |     |  |  |
| Signature Twant lae Fillman   |             |  |  |          |          |       |         |     |  |  |
|   | Nola Mae Mc | McBain, Associate General Patent Counsel |  |          |          |       |         |     |  |  |
| Date  | May 9, 2008 |  |  | <u> </u> | élephone | 650-8 | 12-4264 |     |  |  |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. |             |  |  |          |          |       |         |     |  |  |
| *Total offorms are submitted.   |             |  |  |          |          |       |         |     |  |  |

This collection of information is required by 37 CFR 1.36. The Information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.